



Jack L. Boyd Outdoor School

Consent for Self-Administration of Medication



Steven E. Gomes, Ed.D.
Superintendent

TO BE COMPLETED BY PARENT

(Self-Administration form side 1 of 2, copy as needed for additional medications)

STUDENT GUIDELINES FOR SELF-ADMINISTRATION OF MEDICATION

This form is only for Inhalers, Epi-Pens and Insulin. Student self-administration of medication at school or during school-sponsored activities must be performed under the following conditions:

1. The “Consent for Self-Administration of Medication” and “Physician’s Statement Supporting Student’s Self-Administration of Medication” forms must be current and on file with the school nurse.
2. Student medications must be clearly labeled and a back-up kept in the school office.
3. Student has been instructed by physician on how to take his/her medication and is responsible for self-administration.
4. Student may demonstrate to the school nurse that he/she uses the medication properly and responsibly.
5. Student must have access to medication so it is readily available when needed.
6. Student use of medication will be periodically monitored by the school nurse to ensure that appropriate practices are followed.

CONSENT FOR SELF-ADMINISTRATION OF MEDICATION

Name of Student: _____ DOB: _____ Male

School: _____ Grade: _____ Teacher: _____ Female

For the duration of the outdoor school trip, I hereby consent to allow _____ (student) to self-administer the following medication during the regular school day or while at school-related activities:

Auto-injectable epinephrine

Inhaled asthma medication

A written statement from student’s physician (“Physician”) is on the backside.

I further consent to the disclosure of my individually identifiable health information by Physician to the school nurse or other personnel designated by the Merced County Office of Education (“MCOE”) for the purpose of consulting with Physician regarding any questions that may arise with regard to the medication.

I acknowledge that I have an obligation to execute a new consent form and fax or deliver it to the Outdoor School immediately if the Student’s medication, dosage, frequency of administration, or reason for administration changes during the period of the trip.

I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to hold harmless, release, and covenant not to sue the District, its officer, employees, and agents, for any and all liability, claim, or cause of any action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child’s self-administration of medication.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____ Phone Number: _____